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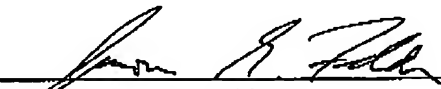
MAR 03 2006

Gates & Cooper *LLP*Howard Hughes Center
6701 Center Drive West, Suite 1050
Los Angeles, California 90045**FAX TRANSMISSION TO USPTO**TO: Commissioner for Patents
Attn: Examiner Ankur Gogia
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313-1450FROM: Jason S. Feldmar
OUR REF.: G&C 30566.306-US-01
TELEPHONE: (310) 642-4141Total pages, including cover letter: 29PTO FAX NUMBER: 571-273-8300

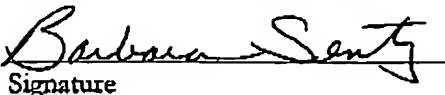
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Title of Document Transmitted:	TRANSMITTAL SHEETS, PETITION FOR EXTENSION OF TIME, DECLARATION OF STEVEN GUTTMAN UNDER 37 C.F.R. §1.132, IDS WITH PTO FORM 1449, AND AMENDMENT UNDER 37 C.F.R. §1.111.
Applicant:	Georges E. Blin et al.
Serial No.:	10/623,946
Filed:	July 21, 2003
Group Art Unit:	2187
Title:	DATA PROCESSING APPARATUS AND METHOD FOR DETERMINING THE AMOUNT OF FREE STORAGE SPACE IN SUCH AN APPARATUS
Our Ref. No.:	G&C 30566.306-US-01

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By: 
Name: Jason S. Feldmar
Reg. No.: 39,187

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Due Date: March 3, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Georges E. Blin et al. Examiner: Ankur Gogia
 Serial No.: 10/623,946 Group Art Unit: 2187
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 OF FREE STORAGE SPACE IN SUCH AN APPARATUS

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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By: 
 Name: Jason S. Feldmar

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. §1.111 with Replacement Abstract.
- ☒ Petition for Extension of Time under 37 C.F.R. 1.136 for 1 month.
- ☒ Charge the Extension Fee in the amount of \$120.00 to the Deposit Account.
- ☒ Information Disclosure Statement and Form PTO-1449.
- ☒ Declaration of Steven Guttman Under 37 C.F.R. §1.132.

CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
33	44	0	x \$50.00	= \$0.00
Independent Claims				
4	4	0	x \$200.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$0.00

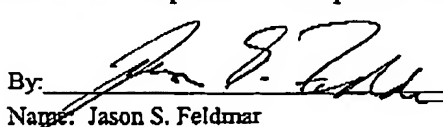
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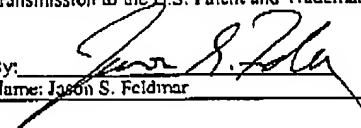
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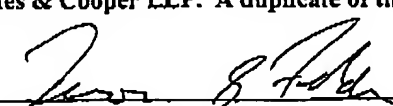
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